


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90241 041 \*\*\*\*61.25

**DOCUMENT # N21418**

1. Entity Name  
**AZAN TEMPLE HOLDING CORPORATION, INC.**



60000483



Principal Place of Business  
**1591 W. EAU GALLIE BLVD.  
 MELBOURNE, FL 32935**

Mailing Address  
**1591 W. EAU GALLIE BLVD.  
 MELBOURNE, FL 32935**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

01032007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent  
**SABELLI, PHILLIP M  
 1591 W EAU GALLIE BLVD  
 MELBOURNE, FL 32935**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to  
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MAYNARD, JOHN 1128 SLEEPY HOLLOW ROAD MELBOURNE, FL 32901 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIVERS, DENARD 46 PLANTATION DR #104 VERO BEACH, FL 32986 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR SABELLI, PHILLIP 272 SANDY RUN MELBOURNE, FL 32940 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOFF, JOHN <input checked="" type="checkbox"/> Delete 3520 OAKHILL DRIVE TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEBAETS, DARYL <input type="checkbox"/> Delete 419 MAIN ST TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARVIN, DONALD <input type="checkbox"/> Delete 4065 DIANTHUS LANE TITUSVILLE, FL 32796

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Barringer, Frankline E. (Gene) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 608 Marlin Circle Barefoot Bay, Fl. 32976 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Debaets, Daryl <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 419 Main St. Titusville, Fl 32796 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: Phillip M. Sabelli  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-07 321-259-5302  
 Date Daytime Phone #